

Personalized anti-nausea therapy better for cancer patients

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A new research study led by Dr. Mark Clemons, oncologist and associate cancer research scientist at The Ottawa Hospital, has shown that a personalized approach to treating one of the most expected side-effects of chemotherapy is far more effective than the existing "one size fits all" set of guidelines. The randomized trial is published in the November 12 issue of *JAMA Oncology*.

Nausea and vomiting are among the most feared side-effects of chemotherapy for [cancer patients](#), and in some cases the symptoms can be so debilitating that patients stop treatment. To date, physicians have treated these side-effects with a range of anti-nausea drugs, following a set of set of established guidelines.

"Unfortunately, these guidelines don't take into account the personal factors that put patients at higher risk of nausea and vomiting," said Dr. Clemons, who is also an associate professor of medicine at the University of Ottawa. His study included 324 [breast cancer patients](#) receiving chemotherapy at The Ottawa Hospital and the Irving Greenberg Cancer Centre, . The study demonstrated that when personal risk factors for chemotherapy induced nausea and vomiting (e.g. age under 40, those with a history of pregnancy-associated morning sickness or travel sickness, or those with lower alcohol consumption) are taken into account when prescribing anti-emetic medications then nausea and vomiting control was significantly improved, when compared with standard physician choice of antiemetics.

"This is the first time it's been shown anywhere in the world that using [personal risk factors](#) significantly improves nausea and vomiting control," explained Dr. Clemons. "Anti-nausea drugs potentially have their own side-effects, and it's very expensive for the healthcare system to simply give them to every patient regardless of effectiveness. We think these findings can lead to a much better, much kinder, much gentler way of

treating [cancer](#) patients."

The approach is also important because, some patients at particularly high risk still had poor control of [nausea](#) and [vomiting](#) despite "optimal" antiemetic prescribing. For these patients new treatment strategies need to be developed. On the other hand it is very likely that patients at low risk do not require all the anti-sickness drugs currently recommended.

"These results are very straightforward, but they challenge the dogma of the way the guidelines are written," Dr. Clemons said. "It's very easy to simply follow a guideline. Now we're suggesting that physicians just ask their [patients](#) a few key questions first."

More information: "A Randomized Trial Comparing Risk Model Guided Antiemetic Prophylaxis to Physician's Choice in Patients Receiving Chemotherapy for Early Stage Breast Cancer" *JAMA Oncology*, 2015.

Provided by Ottawa Hospital Research Institute

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